
REVISED DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH HHS-1 TRAVEL ORDER

ORDER#: **WXK90454 ENTRY DATE:** 04/30/99 FY CAN: 98323569 CLERK ID: LDG AO: DHF AO APPROV DATE: 05/06/99 BID: NIEHS

SSN:

STATUS: REQUEST APPROVED TRAVELER:

TITLE: EXECUTIVE DIRECTOR

MAIL ADDRESS: TRIP START: 05/12/99 11:30 AM

END: 05/14/99 11:00 PM

OAKLAND, CA 94610

DUTY STATION: OAKLAND, CA BLDG: NA RM: 309 TEL: 510-834-8920 BLDG: 4401 RM: 3432 TEL: 919-541-1032 CONTACT: LERLITA GARCIA RECOMMENDED BY: ANNE P. SASSAMAN TITLE: DIRECTOR, DERT

EXEMPT FROM CREDIT CARD REGS: NO EMPLOYEE: CIVILIAN

PURPOSE: TO ATTEND THE NAEHS COUNCIL MEETING ON 5/13-14/99.

ITINERARY: WASHINGTON, DC/OAKLAND

PRIMARY TRANSPORTATION: AIR CLASS TRAVEL: COACH

JUSTIFICATION NON-CONTRACT CARRIER: N.REO

FARE: BLANKET GTA CAN: 98323569 OC: 2135 POV-EST. MILES: MILEAGE RATE: .310 EST COST: 401.00 EST.COST: EXCESS TAXI (OTHER THAN TO AND FROM TERMINAL) EST.COST: CAR RENTAL, IF AUTHORIZED: EST.COST: OTHER TRANSP. (PARKING, TOLLS, TAXI, SUBWAY, BUS) EST.COST: 20.00 MIXED MODE AUTHORIZED? NO GSA VEHICLE AUTHORIZED? NO

EXCESS BAGGAGE AUTHORIZED? NO ESTIMATED WEIGHT?

> ********* SUMMARY *****

OC EST. COST MAXIMUM ESTIMATED PER DIEM: 2135 345.00 TRANSPORTATION (EXCLUDING GTA/GTR): 2135 20.00 ADDITIONAL EXPENSES: 2135 .00 -----

SUBTOTAL: 365.00 REGISTRATION: DUE DATE: 252W .00 GTR#: APPROP#: 0862 GTA/GTR COST: 401.00

TOTAL ESTIMATED COST: 766 00 ADVANCE TO BE PAID BY (ATM MACHINE) SPONSORED AMOUNT:

ADVANCE RELEASE DATE: 05/06/99 AUTHORIZED TRAVEL ADVANCE:

************************ AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY

BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE. FUNDS ARE AVAILABLE.

ant R. Marre SIGNATURE (AUTHORIZED BY) TITLE